

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

S P — 3 9 8

2. STATE:

DELAWARE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 2003 \$ -0-

b. FFY 2004 \$ -0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

ATTACHMENT 4.22-A

Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

ATTACHMENT 4.22-A

Page 1

10. SUBJECT OF AMENDMENT: Third Party Liability - Frequency of TPL Matches

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:
Governor's Comments Under
Separate Correspondence

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

Elaine Archangelo, Director, DSS

14. TITLE: Designee for Vincent P. Meconi

Secretary, Delaware Health and Social Services

15. DATE SUBMITTED:

062003

16. RETURN TO:

Elaine Archangelo

Director

Division of Social Services

P.O. Box 906

New Castle, Delaware 19720-0906

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 23, 2003

18. DATE APPROVED:

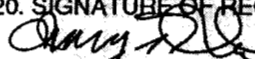
JUL 14 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

July 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Mary T. McSorley

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

NEW STATE PLAN PAGE

ATTACHMENT 4.22-A

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OMB NO.: 0938-0193

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: **DELAWARE**

Requirements for Third Party Liability (TPL) - Identifying Liable Resources

1. Frequency of TPL matches:
 - a. SSA wage - quarterly
 - b. IV-A agency - in Delaware is the same as the Title XIX agency and updates are available, daily
 - c. State Workmen's Compensation files - weekly
 - d. Motor vehicle - not computerized - no match available
 - e. SWICA - quarterly
 - f. **Health Insurance Carriers - biannually**
2. Follow-up requirements of 42 CFR 433.138 (g) (1) (i) and (g) (2) (i) :

As soon as any matches on employers are received by the Delaware Client Information System (DCIS), the system will automatically generate a letter to the employer to verify health insurance coverage. This action will be taken within 30 days of the receipt of match data.
3. State motor vehicle match is unavailable because the information needed for TPL is not carried in the State's motor vehicle automated system.
4. Trauma code reports are produced weekly by the fiscal agent. The TPL unit sends an accident inquiry form to the client/provider within two weeks regarding potential TPL. Positive responses result in a request for claims history and subsequent bills generated to the applicable insurance company or attorney. Any information on ongoing legally liable third party resources is immediately entered into the third party database, which is part of the MMIS.

TN No. **SP-398**

Supersedes

TN. No. **SP- 289**

Approval Date

JUL 14 2003

Effective Date

July 1, 2003